	287024
STATE OF SOUTH CAROLINA	BEFORE THE
(Caption of Case) Example: Application for a Class C Charter Certificate from John Doe dba Doe's Limo	PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
	TRANSPORTATION COVER SHEET
Application for a Class C Charter from Tommy Cannon aba Ride Share	TRANSPORTATION COVER SHEET DOCKET NUMBER: 2019 - 284
Ride Share	If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.
(Please type or print) Submitted by: Tommy Cannon	
Address: 1728 Ashford Ln	_ Fax:
Columbia, SC 29210	Other:
NOTE: The cover sheet and information contained herein neither replace as required by law. This form is required for use by the Public Service be filled out completely.	Commission of South Carolina for the purpose of docketing and muse
NATURE OF ACTION	7
Application - Class A/A Restricted	Request for Name Change on Certificate
Application - Class C Taxi	Request to Amend Scope of Authority
Application - Class C Taxi Application - Class C Charter RECEIVE Application - Class C Charter	Request to Amend Tariff (rate increase, etc.)
I Application - Class C Charter Bus	Request to Amend Passenger Limit
Application - Class C Non-Emergency Application - Class C Stretcher Van	Request
	Exhibit
Application - Class E Household Goods	Late-Filed Exhibit
Application - Class E Hazardous Waste	Letter
Application	Proposed Order
Request for Extension to Comply with Order	Publisher's Affidavit
Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded	Reservation Letter Response
Request for Cancellation of Certificate	Return to Petition
Request for Suspension	Other:
Request for Reinstatement	

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

ACCEPTED FOR PROCESSING - 2019 August 22 9:54 AM - SCPSC + 2019+284-T + Page 2 of 13

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 Executive Center Drive, Suite 100 Columbia, South Carolina 29210

Phone: (803) 896-5100

Fax: (803) 896-5199

APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR OPERATION OF MOTOR VEHICLE CARRIER

Datas	8-19-2019
Date:	0-11-001
CLASS C - CHARTÈR	
	:
, versus and the second	-
Application is hereby made for a Certificate of Public Convenience and Necessi	ty in accordance with the provision
of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.	oy, in accordance with the previous
1 (
1 1 1 01 10	
Name under which business is to be conducted (corporation, partnership, or sole projection)	prietorship with or without trade name
	·
1728 Ashford Ln. Columbia, Sc	29210
Street Address of Applicant	
Mailing Address of Applicant (if different from street	address)
002 626 7257	
Phone	Fax
Phone tommy canhon \$491@amail Com Email Address	
Email Address	3
	!
2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Exist	,
Secretary of State and the Articles of Incorporation must be attached. (If incor	porated outside of SC, attach South
Carolina Secretary of State "Foreign Corporation" Certificate.)	
3. Select Entity Type: (Check one)	
Individual Owner/Sole Proprietorship	
☐ Partnership - List names and addresses of all person having an interest i	n the business
	ii die busiioss.
Corporation - List names and addresses of two principal officers.	

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

Financial Statement

ACCEPTED FOR PROCESS

Applicant's assets and liabilities are as follows:

Assets:		<u>Liabilities:</u>			
Value of Real Estate	0	Mortgage/Loan on Real Estate			
Value of Motor Vehicles	7,000	Loans Owed on Motor Vehicles	Sily G		
Cash on Hand	500	Business/Other Loans Owed	-28		
Cash in Bank	3,000	Other Liabilities or Debts	- 		
Value of Other Assets and Equipment	\$10,500	Total Liabilities	gust 22		
Total Assets	\$10,5001		9:54 AM		
	•		AM -		
			SCPSC		
			ŠC -		
INSTRUCTIONS:					
1. "Value of Real Estate" means the actual or estimated market value of any real property/buildings owned by the Company/Business Applying for a Certificate.					
2. "Mortgage/Loan on Real Estate" means the outstanding balance on any Mortgage, Equity Line or other Loan secured by the Real Estate listed in Item 1.					
5. <u>value of Motor venicle</u>	s" means the actual or fair Business Applying for a G	esumated value of any moving vans, truck	s or other vehicles ω O		

INSTRUCTIONS:

- owned by the Company/Business Applying for a Certificate.
- 4. "Loans Owed on Motor Vehicles" means the outstanding balance on any loans or liens on the vehicles listed in Item \$.
- 5. "Cash on Hand" is the total of actual cash held by the Company/Business applying for a Certificate on the day this form is filled out.
- 6. "Business/Other Loans Owed" means the outstanding balance on any small business loan or other unsecured loan made by a person, bank or business to the Business/Company applying for a Certificate.
- 7. "Cash in Bank" means the current balance in checking accounts, savings accounts or the like in the name of the Company/Business applying for a Certificate. Do not include retirement accounts or personal bank account balances.
- 8. "Value of Other Assets and Equipment" should include the actual or estimated value of items such as office equipment (computers/furnishings), moving equipment (hand trucks/blankets/strapping), and trailers.
- 9. "Other Liabilities or Debts" means specific amounts/balances which the Company/Business applying for a Certificate knows that it owes to other persons or companies; for example Franchise Fees. This does NOT include regular bills such as electricity bills, security system costs, insurance, salaries, etc.

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PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges:

P26 Mile: \$ 1 a Mile

Minmum Fare \$ 15 BASE

Cancellation F2ES; F2ES Paid When a ride is

CANCELLED. \$ 5

Applicable Tolls: +0 be PAID by PASSENGET

Applicable Tolls: +0 be

Requested Scope of Authority: Check all counties in which you are requesting permission to operate. You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

Abbeville	Cherokee	Florence	Lee	Saluda
Aiken	Chester	Georgetown	Lexington	Spartanburg
Allendale	Chesterfield	Greenville	Marion	Sumter
Anderson	Clarendon	Greenwood	Marlboro	Union
Bamberg	Colleton	Hampton	McCormick	Williamsburg
Barnwell	Darlington	Horry	Newberry	York
Beaufort	Dillon	Jasper	Oconee	
Berkeley	Dorchester	Kershaw	Orangeburg	Statewide
Calhoun	Edgefield	Lancaster	Pickens	
Charleston	Fairfield	Laurens	Richland	

DESCRIPTION OF EQUIPMENT

You are **not** required to own a vehicle to file an application. However, prior to being issued a certificate by ORS, you will be required to have obtained a vehicle.

you will be requi	ired to have obtained a vehicle.		ך ק ק
	ber of Passengers Vehicle is Equip on the number of seatbelts in the		
1-7 Pass	sengers, including driver		- C
8-15 Pa	ssengers, including driver		August zz s.o.
MAKE	YEAR & MODEL	VIN#	EMPTY WEIGHT
LINCOLA	W 2006 TOWNCH	AR (ILNHM81V4) RC 12NHM81:19	167614748 4369 16010931 4057
			5. or

INSURANCE QUOTE

This form MUST BE COMPLETED.

The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to FOR PROCESS purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUO

The following insurance quote is for:

- 2019 August 22 9:54

Amount of Premium: # 4066

Limits Ouoted: (See Below)

thousand

The above quoted premium is for a term of

months.

Minimum Limits - Intrastate Only:

1-7 Passengers*

\$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle. SCPSC including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

I, the Applicant, am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact the Department of Motor Vehicles at (803) 896-8457 or (803) 896-9903.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

08:51,07 a.m. 08-22-2019	2	GEICO]
EICO			

MOI 02-17							
MEMORANDUM OF INSURANCE DATE OF ISSUE: 08/22/2019							
COMPANY: Government Employees In: One GEICO Boulevard Fredericksburg, VA 22412	surance Compa	any	INSURED: TOMMY CANNON & FAYE MAJOR 1728 ASHFORD LN COLUMBIA,SC 29210				
1-866-509-9444							
COVERACES							
terms and conditions or exc	clusions of such ge afforded by t	n policies. Thi he listed polic	s memorandui	our convenience. It is not into m is not an insurance policy ance afforded by the listed p	and does not amend,		
TYPE OF INSURANCE	POLICY NUMBER	EFF. DATE	EXP. DATE	LIMITS SHOWN ARE	AS REQUESTED		
COMMERCIAL AUTOMOBILE LIABILITY				COMBINED SINGLE LIMIT (Ea. Accident)			
☐ ANY AUTO ☐ ALL OWNED AUTOS	9100133284	12/03/2018	12/03/2019	BODILY INJURY (Per Person/ Per Accident)	\$100K/300K		
HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	\$50,000		
OTHER COVERAGES	THER COVERAGES			COMBINED SINGLE LIMIT (Ea. Accident)			
☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ HIRED AUTOS	9100133284	12/03/2018	12/03/2019	UNINSURED MOTORISTS (UMCSL)			
SCHEDULED AUTOS NON-OWNED AUTOS	9100133264	12/03/2016	12/03/2019	UNDERINSURED MOTORISTS (UIMCSL)			
				UNINSURED MOTORISTS (Per Person/ Per Accident)	\$100K/300K		
				UNDERINSURED MOTORISTS (Per Person/ Per Accident)	\$100K/300K		
				UNINSURED MOTORISTS PD (Per accident)	\$50,000		
				PERSONAL INJURY PROTECTION (PIP)			
				MED EXP			
DESCRIPTION OF OPERA		TIONSVEHI	CLES/SPECIA	LITEMS			
PHYSICAL DAMAGE COV	ERAGE		IVE VEHICLE	· · · · · · · · · · · · · · · · · · ·	VIN		
☐ COMPREHENSIVE DEDU	TIRLE \$500	2001	LINCOLN TO	OWN CAR	1LNHM81W81Y606931		
☐ COLLISION DEDUCTIBLE \$500		2006	LINCOLN TO	OWN CAR	1LNHM81V46Y614748		
COMPREHENSIVE DEDUC	CTIBLE						
☐ COLLISION DEDUCTIBLE	COLLISION DEDUCTIBLE						
□ N/A			•				
ACTIVE DRIVERS: Faye Davis Major, Tommy	ACTIVE DRIVERS: Faye Davis Major, Tommy Cannon						

08.50:15 a.m. 08–22–2019 1 GEICO

EICO

GEICO.

To: JANICE

From: GEICO

Date: 8/22/2019 09:18:48 AM Eastern Standard Time

EICO

SOUTH CAROLINA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER COMPANY COMMERCIAL DERSONAL Government Employees insurance Company

 POLICY NUMBER
 EFFECTIVE DATE
 EXPIRATION DATE

 910013328402
 12-03-2018
 12-03-2019

YEAR 2001 WAKE/MODEL VEHICLE IDENTIFICATION NUMBER 1LNHM81W81Y606931

AGENCY/COMPANY ISSUING CARD GEICO One GEICO BMd. Fredericksburg, VA 22412 1-866-509-9444

INSURED
TOMMY CANNON & FAYE MAJOR
1728 ASHFORD LN
COLUMBIA, SC 29210

Coverage Meets SC Minimum Financial Responsibility Requirements
SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/ Company as soon as possible. Obtain the following information:

- Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

08:50:15 a.m. 08-22-2019	3	GEICO
	_	

EICO

SOUTH CAROLINA INSURANCE IDENTIFICATION CARD

COMPANY NUMBER
22063 COMPANY Government Employees Insurance Company

POLICY NUMBER
910013328402 EFFECTIVE DATE
12-03-2018 EXPIRATION DATE
12-03-2019

YEAR
2006 MAKE/MODEL
LINCOLN TOWN CAR

COMPANY COMMERCIAL PERSONAL

EXPIRATION DATE
12-03-2019

YEHICLE IDENTIFICATION NUMBER
1LNHM8 1V46Y614748

AGENCY/COMPANY ISSUING CARD GEICO One GEICO Blvd. Fredericksburg, VA 22412 1-866-509-9444

INSURED
TOMMY H CANNON FAYE DAVIS MAJOR
1728 ASHFORD LN
COLUMBIA, SC 292107184

Coverage Meets SC Minimum Financial Responsibility Requirements SEE IMPORTANT NOTICE ON REVERSE SIDE

THIS CARD MUST BE KEPT IN THE INSURED VEHICLE AND PRESENTED UPON DEMAND

IN CASE OF ACCIDENT: Report all accidents to your Agent/ Company as soon as possible. Obtain the following information:

- 1. Name and address of each driver, passenger and witness.
- 2. Name of Insurance Company and policy number for each vehicle involved.

ACORD 50 SC (2007/01)

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Exhibit Fit, Willing, and Able (FWA)

	Tommy Camon Name of Applicant
	Name of Applicant
Ι.	Are there currently any outstanding judgments against the Applicant? O Yes No
	If Yes, list judgements here:
2.	Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations? Yes No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated

O No

therewith?
Yes

Exhibit on Driver Qualifications

1.	Applicant understands that	l drivers must be a minimum of 18 years of age.	
	Yes	O No	
2.	and such record from the D be maintained in the Applic	in the	. n
	⊕ Yes _	○ No	
3.	must be maintained in the	criminal history background check from the state where the driver currently lives oplicant's business office.	
	O Yes	O No	
4.		l drivers operating a vehicle under a Class C Certificate must have in ing a charter vehicle, a valid driver's license issued by the SC DMV or the current er.	t
	Yes	O No	
5.	Applicant understands that	l Class C Certificate holders are prohibited from employing or leasing	
		egistered, or required to be registered, as sex offenders with the South Carolina sion or any national registry of sex offenders.	
	 Ø Yes	O No	

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PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA 101 EXECUTIVE CENTER DRIVE, SUITE 100 COLUMBIA, SOUTH CAROLINA 29210

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 2, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

S.C. Code Ann. Section 58-3-250 states, in part, that every final order of the Commission must be served by electronic service, registered or certified mail, upon the parties to the proceeding or their attorneys.

Please	check	the	appli	icat	le	box:

- The Applicant AGREES to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System. The Applicant authorizes the Commission to serve its orders by using the email address as it appears on page one of this Application. To sign up for eService notifications, please visit www.psc.sc. gov to create a My DMS account.
- The Applicant DOES NOT AGREE to receive future Commission orders related to the Applicant's authority in South Carolina through the Commission's eService System.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Applicant's Signature

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA

COUNTY OF

GILLODNI M

ORN TO BEFORE MI

20 16

Commission Expires

07.06.28

JUAN A. BARRIENTOS

Notary Public - State of South Carolina My Commission Expires July 6, 2028

Print Application